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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Rwanda
Support for a comprehensive population programme

Proposed UNFPA assistance: \$7 million, of which \$4.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1993

Executing agencies: Government of Rwanda
United Nations and United Nations agencies and organizations
National and international non-governmental organizations (NGOs)

Government coordinating
agency: Ministry of Planning

Rwanda

Demographic facts

Population (000)		Average annual change (000)	
Total	7,027	Population increase	261
Males	3,473	Births	400
Females	3,554	Deaths	139
Sex ratio (/100 females)	97.7	Net migration	0 ..
Urban	393	Annual population total (% growth)	3.40
Rural	6,634	Urban	5.04
Per cent urban	5.6	Rural	3.04
Population in year 2000 (000)	9,766	Crude birth rate (/1000)	52.1
Functional age groups (%)		Crude death rate (/1000)	18.2
Young child: 0-4	20.5	Net migration rate (/1000)	0.0 ..
Child: 5-14	28.9	Total fertility rate (/woman)	8.49
Youth: 15-24	19.0	Contraceptive prevalence rate (% 15-44)	10
Elderly: 60+	3.9	Gross reproduction rate (/woman)	4.20
65+	2.4	Net reproduction rate (/woman)	2.90
Percentage of women aged 15-49	42.4	Infant mortality rate (/1000)	110
Median age (years)	15.3	Maternal mortality rate (/100,000)	210
Dependency ratios: total	107.4	Life expectancy at birth (years)	
(/100) Aged 0-14	102.4	Males	44.8
Aged 65+	5.0	Females	47.7
Agricultural population density		Both sexes	46.2
(/hectare of arable land)	7.8	GNP per capita (U.S. dollars, 1990)	310
Population density (/sq. km.)	267		

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$7 million, of which \$4.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Rwanda in achieving its population and development objectives. UNFPA would seek to provide the balance of \$2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
2. This would be the third comprehensive UNFPA programme of assistance to the Government of Rwanda. The second, 1987-1991, in the amount of \$5 million, had to be extended to the end of 1992 because of the civil war that broke out in October 1990. The proposed programme for the period 1993-1997 is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that was fielded by UNFPA in April 1992 and takes into account the UNFPA strategy for assistance to sub-Saharan Africa (document DP/1987/37) and UNFPA's strategy to deal with issues concerning women, population and development (document DP/1987/38). It is synchronized with the new programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).
3. The long-term objective of the proposed programme is to strengthen the Government's capacity to bring its population growth into balance with the country's resources and environmental constraints. The immediate objective is to assist the Government to come as close as possible to meeting the major demographic goals set forth in the population policy document officially approved in June 1990. Particular goals for the year 2000 would be to reduce the growth rate from 3.6 per cent in 1990 to 2 per cent, increase the contraceptive prevalence rate from 12 per cent in 1990 to 48.4 per cent and reduce the total fertility rate from 7.9 in 1992 to 4.0 and reduce the overall mortality rate so that life expectancy at birth rises from 49 in 1985 to 53.5. (See demographic data sheet on p. 2 for United Nations estimates for the fertility rate for the quinquennium 1990-1995.)
4. However, the PRSD mission considered the objectives established in the population policy document as being too ambitious to be achieved in such a short time span. Therefore, the following specific objectives have been established for the third UNFPA programme of assistance: to assist the Government in reducing its population growth rate to 2.8 per cent by increasing the contraceptive prevalence rate from 12 per cent to 28 per cent and by reducing the contraceptive drop-out rate by 50 per cent and the total fertility rate from 7.9 to 6.2 children per woman.
5. The strategies to help attain these objectives are: (a) ensuring the involvement of all major development partners in implementation of the policy; (b) strengthening the technical capabilities of sectoral ministries to develop, implement and evaluate action plans based on the relevant policy objectives; (c) strengthening the population IEC programme in order to foster widespread acceptance of the principles and objectives of the population policy; (d) diversifying the types of grass-roots agents involved in the promotion of population and family planning messages to the largely rural population; (e) strengthening institutional capabilities to implement and evaluate the policy; (f) improving the status of women by helping to elaborate a women-in-development strategy that takes into account the population component; (g) making family planning services more accessible and reinforcing the maternal and child health and family planning (MCH/FP) unit of the Ministry of Health to gradually take over the management of the family planning programme from the National Population Office (ONAPO); and (h) improving demographic data analysis and dissemination for planning and evaluation purposes.

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6. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

7. According to the 1991 population census, the population of Rwanda is estimated at 7.2 million. With an annual growth rate estimated at 3.5 per cent, the population will reach 10 million by the year 2000 and double in 22 years. Despite the relatively late age at marriage (23.2 years for women and 27.5 years for men), the total fertility rate is among the highest in sub-Saharan Africa -- 7.9. Infant mortality is high, estimated at 112 per 1,000 live births. Life expectancy at birth is 50.5 years. External migration, important before Independence, is now insignificant. It is estimated, however, that 500,000 Rwandans have sought refuge in other countries. The population of Rwanda is young, more than 60 per cent is under the age of 20. The population density, among the highest in Africa, is estimated at 275 persons per square kilometre. This high density is considered to be the major reason for the imbalance between food supplies and population, the pressure on land, and the high levels of unemployment and child malnutrition.

8. A landlocked country of 26,338 square kilometres, Rwanda depends on agriculture, which generates 40 per cent of its gross national product (GNP) and 95 per cent of its exports. Until the early 1980s, Rwanda was one of the few African countries whose agricultural production increased more rapidly than its population, 4.7 per cent against 3.7 per cent a year from 1966 to 1982. However, this trend could not be maintained after 1983 because of the decline in soil fertility, climatic conditions and low world prices for the main cash crops - coffee and tea. This resulted in a decrease in per capita GNP from \$280 in 1986 to \$245 in 1990. More than 80 per cent of the population lives below the poverty level. Seasonal food shortages have affected 600,000 persons since 1989, and the country now depends on emergency food assistance. This economic deterioration has prompted the Government to adopt a Structural Adjustment Programme. However, because of the ongoing civil war, a large part of the budget goes to military expenditures at the expense of social and productive sectors.

9. Despite considerable efforts, the Government has had difficulties in increasing school enrolments. The enrolment rate for elementary school is 66 per cent. At the secondary and higher education levels, school enrolment is among the lowest in Africa. School fees are a major obstacle to increasing enrolment. The enrolment rate for girls and women is even lower -- 48 per cent in elementary school, 34 per cent in secondary and 17 per cent at the university level. Illiteracy remains an important constraint to the promotion of women and to the improvement of living conditions in rural areas.

10. In 1989 when Rwanda adopted a plan to improve primary health care through the Bamako Initiative, there was one health facility for 20,608 inhabitants and one hospital bed for 697 inhabitants. Malaria, which has increased dramatically, is the most widespread disease, followed by parasitic, infectious respiratory, and diarrhoeal diseases. Tuberculosis has become critical because of its association with AIDS. A diarrhoeal-malnutrition combination is the first cause of infant and child mortality. It is estimated that 69 per cent of pregnant women receive prenatal consultations, but, due to the relatively long distances to medical facilities, 82 per cent give birth at home without qualified medical assistance. This is a major cause of the high infant

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and maternal mortality (which is probably underestimated at 186 per 100,000 live births). Approximately 80 per cent of children are vaccinated.

11. Problems in the health sector include inadequate distribution of human, material and financial resources in the different regions; limited and irregular availability of essential drugs; outbreak of epidemics, e.g., cholera and meningitis; and the consequences of the persisting civil war. AIDS is a serious public health problem. According to statistics of the National AIDS Programme, 2.2 per cent of the rural population and 25 per cent of the urban population are seropositive for HIV. The National AIDS Programme that started in 1987 is supported by the WHO Global Programme against AIDS (GPA) and several other donors.

12. In 1990, the Government adopted a comprehensive population policy with quantitative targets to reduce population growth and fertility rates and to increase contraceptive use. The policy outlines actions aimed at having a direct impact on demographic growth such as sensitizing the public to demographic issues and the promotion of contraception in all health facilities as well as actions that would have an indirect influence on demographic behaviour. These include improving health status to decrease mortality; improving education; increasing food production; providing better land management and environmental protection; developing human resources and employment opportunities; promoting the status of women; working to alleviate poverty; and formulating plans for improving the spatial distribution of the population.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA assistance to Rwanda began in 1975 in support of the first population census, which was held in 1978, followed by the Fund's first comprehensive population programme for the period 1982-1986, in the amount of \$5.5 million. The second programme of \$5 million for 1987-1991 (extended to December 1992 because of the civil war) attracted unexpected multi-bilateral assistance for the census and for MCH/FP activities. As a result, total expenditures up to December 1992 amounted to \$8.1 million. The programme covered activities in the areas of MCH/FP; information, education and communication (IEC) in the informal sector; data collection and analysis; and population policy formulation and implementation.

14. An overall analysis of the second programme shows that its major goals were achieved: the total fertility rate declined from 8.5 in 1987 to 8 in 1990 and the population growth rate declined from 3.7 per cent to 3.5 per cent. In 1990, the Government adopted a comprehensive population policy as well as action plans to achieve its goals. Despite the war situation, the population census was successfully conducted in August 1991. A major handicap to the programme was high staff turnover, particularly in the National Population Office (ONAPO) and the Ministry of Planning. In addition, some of the key ministries showed little interest in the population programme, perhaps because their necessary involvement was not made explicit.

Maternal and child health and family planning

15. In the area of MCH/FP, UNFPA assistance helped ONAPO to reinforce its coordinating capacities; to streamline procedures for service delivery; to provide contraceptive services; to provide women with information on family planning; and to improve programme monitoring. Emphasis was put on expanding MCH/FP services in all health centres; reinforcing administrative support to health facilities; training and developing training materials in MCH/FP for health personnel; improving contraceptive management, distribution, and logistics; and improving and defining standardized working methods. With assistance from the World Bank, ONAPO changed its strategy from creating mobile teams to establishing 49 secondary family planning posts. An introduction trial for the Norplant contraceptive implant was successfully conducted with

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technical assistance from The Population Council, and its extension is under way. The contraceptive prevalence rate increased from 2.6 per cent in 1987 to 12 per cent in 1991. It is estimated that 80 per cent of the population has knowledge of at least one modern contraceptive method, and services are available in 80 per cent of the Government's facilities.

16. Despite the wider range of methods available since 1988, injectables remain the most popular. They are used by 62 per cent of women, while the pill, which is not actively promoted, is used by 26 per cent and IUDs by only 2 per cent. Drop-out rates are high. With the establishment of the National AIDS Programme, it is expected that the condom will also be more actively promoted. Acceptance of surgical contraception is increasing. The programme faces such constraints as pro-natalist cultural factors; high infant mortality; a low level of education; opposition by the Catholic Church to modern contraceptive methods; lack of personnel trained in counselling and service delivery; and inadequate facilities. The programme is the responsibility of ONAPO including the training of MCH/FP personnel and the distribution of contraceptives. The Ministry of Health, however, is responsible for delivering family planning services. This division of tasks seems to hinder full integration of family planning into other MCH and primary health care services.

17. UNFPA expended almost \$2 million for MCH/FP activities, representing 15 per cent of the total assistance provided by various donors to the National Population Office. In 1991 UNFPA assistance was supplemented by \$600,000 from the Government of Austria through a multi-bilateral arrangement, which was used to purchase contraceptives.

Information, education and communication

18. UNFPA assistance has helped the Government to sensitize the rural population on the effects of rapid population growth by reinforcing the IEC programme developed by ONAPO for training grass-roots volunteer communicators. Training was carried out by multi-disciplinary teams at multi-purpose training centres. However, the number of communicators trained is far less than the number initially projected, and an evaluation shows that only 54 per cent of those trained are actually carrying out their duties. Nonetheless, they were able to enrol 60 per cent of the family planning acceptors in 1990. The main weaknesses of this communication programme are the lack of adequate didactic materials and the difficulties encountered in retaining, monitoring and evaluating outreach workers. In addition, the programme relies heavily on volunteer social mobilization, and this seems to be in jeopardy in the new political environment.

19. The second component of UNFPA assistance in the field of IEC was the introduction, on a pilot basis, of population education in the agricultural extension services of the Ministry of Agriculture. Activities undertaken included the carrying out of a knowledge, attitude, practices (KAP) study; development of didactic materials for workers; and the assessment of impact on the targeted audiences.

Data collection and analysis

20. UNFPA assistance in the area of data collection and analysis aimed primarily at supporting the second population and housing census, which had initially been planned for 1988 but was postponed to 1991 because of financial and institutional difficulties. In addition to UNFPA assistance, the census operations also benefited from multi-bilateral assistance from the Governments of Belgium, Canada, the Netherlands and Switzerland. UNDP provided technical assistance in computer and data processing training.

Population policy formulation

21. UNFPA support helped to strengthen ONAPO in population policy formulation leading to the adoption of the national population policy in 1990. In collaboration with the World Bank and the United States Agency for International Development (USAID), assistance was provided for socio-demographic research to help in preparing the policy. Included were studies on the relationships between population and development; on the causes for the high drop-out rate from family planning programmes; on population and agricultural production; on cost/benefit analysis of family planning; and on sociocultural attitudes to and the practice of contraception. Technical assistance was provided to collect and analyse data on population trends; to elaborate population projections, objectives and programmes for the preparation of development plans; to train demographers in order to strengthen data collection; and to improve analysis and programming capabilities. The sectoral plans still need to be refined and quantitative objectives need to be set for some areas, such as mortality. In addition, plans to integrate population variables into the National Development Plan did not take place because the Plan was never fully elaborated. As a result, the project had to be reoriented towards training regional planners to respond to the Government's new goal of encouraging participatory planning at communal levels.

Women, population and development

22. While all the projects in the programme described above gave special consideration to women's concerns, there was no specific component for women. UNFPA's ability to intervene in the area was hindered by the absence of a permanent forum for dialogue since the unit in charge of women's affairs was transferred during several cabinet reshuffles, and no women's association was officially recognized until late 1989. The Ministry of Family and Promotion of Women was established only in April 1992. However, to obtain socio-economic information on women, UNFPA funded a consultancy mission that conducted a situation analysis and assessment of women's needs. The conclusions were to be used by the Rwandan Women's Organization for Development (URAMA) to develop an action plan.

Other external assistance

23. Several donors, including USAID, the World Bank, and the Governments of Germany and Belgium, have assisted Rwanda in the population field. Through ONAPO, USAID has funded various MCH/FP activities, including logistical support and the construction of the Kigali Family Health Regional Training Centre. From 1982 to 1989, USAID granted \$6.25 million to ONAPO. A second five-year phase from 1990-1994, in the amount \$9 million, aims at extending MCH/FP activities both in the public and private sectors and conducting research studies. Another overlapping programme (1992-1997) in the amount of \$11 million plans to provide assistance to the Ministry of Health for reproductive health, pre- and postnatal care and prevention of sexually transmitted diseases (STDs).

24. German assistance dates back to 1986 with the "Family Planning Motivation" project executed by the German Agency for Technical Cooperation (GTZ). A total of \$2.5 million has been earmarked up to the end of 1993 for technical assistance, logistics, contraceptive supplies, development of family planning and IEC services and the creation of a research unit. Negotiations are under way for assistance in analysing the 1991 census data.

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25. The Canadian Government has contributed to the census through the UNFPA multi-bilateral mechanism. Other multi-bilateral donors who have contributed to the conduct of the census include Switzerland, Belgium and the Netherlands.

26. NGOs active in the field of population include the International Planned Parenthood Federation (IPPF), which provides funding to the Rwandan Association of Family Welfare, and Care International, which has a \$4.6 million programme, from 1992 to 1996, for improving MCH/FP services in one prefecture.

27. The World Bank became the major development partner of the Government in the field of population in 1986 by providing a loan of \$10.8 million in support to the national MCH/FP programme. Its components included the training of health workers; rehabilitation of health centres; provision of medical supplies; strengthening of the institutional capabilities of various units of the Ministry of Health; construction of two assistant nursing schools; and research studies on the acceptability of various family planning methods. Another project of \$11 million is being negotiated.

28. UNICEF's 1988-1992 programme in the amount of \$25.6 million incorporated integrated MCH/FP components into primary health care training programmes; the implementation of an expanded programme of immunization (EPI); and the training of volunteer workers and traditional birth attendants.

IV. PROPOSED PROGRAMME 1993-1997

29. The proposed programme in the amount of \$7 million, of which \$2.5 million would be sought from other resources, takes into account the inputs from such other collaborating partners as the World Bank, USAID, UNICEF, UNDP, GTZ and various NGOs. It is based on the major conclusions and recommendations of the PRSD mission fielded by UNFPA in April 1992. While recognizing the Government's resolve to deal with its population issues as shown by the adoption of a comprehensive policy with quantified fertility and growth targets, the mission observed that key ministries still need to be sensitized to the role they are expected to play in its implementation. Unfortunately, the policy has been perceived as being the sole responsibility of ONAPO. The mission highlighted four main actions: (a) further sensitization of all major ministries and decision makers on the population policy and on their roles in its implementation; (b) development, at national and regional levels, of specific sectoral plans for each ministry; (c) significant reinforcement of IEC activities at all levels and across all sectors down to the community level as a way of informing and motivating the population; and (d) improvement of the quality and accessibility of MCH/FP services by providing a wider range of services and by training all categories of health staff combined with a better follow-up of acceptors as a way of reducing dropouts. As a top priority, the mission recommended the establishment of a National Population Commission (CNP) chaired by the Prime Minister, with ONAPO serving as the technical secretariat. Thus, the CNP would gain the required status to oversee and coordinate implementation of the policy by all concerned ministries and NGOs.

30. The overall goal of this third phase of assistance to Rwanda would be to help the Government to reach, as far as possible, the major population objectives established in the population policy document officially adopted in June 1990. These goals are presented in paragraph 3 above.

31. In order to ensure a more active participation of the country's people in population and development activities, the Government of Rwanda favours a greater decentralization of governmental programmes. In that context a new approach has been adopted. Donors are encouraged to support programmes directly at the prefectural level. As such, GTZ's intervention is concentrated in three prefectures; USAID will henceforth

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cover four different prefectures; and CARE International will focus its activities in one. In the proposed programme, UNFPA would provide assistance to activities in three prefectures, including that of Kigali, the capital city, in addition to support at the central level for national plans and activities in certain sectors.

Maternal and child health and family planning

32. The PRSD mission recommended that ONAPO gradually transfer responsibility for management, supervision and expansion of family planning activities to the Ministry of Health. This should lead to a better integration among existing programmes and consequently to greater promotion and accessibility of family planning services. To that end, the proposed programme would assist the Government in restructuring and upgrading the central MCH/FP unit of the Ministry of Health and reinforcing its technical capability to develop, manage and expand the programme at both central and prefectural levels. Technical assistance in management of the programme and of clinics would be provided as well as training for health care staff, equipment for clinics and vehicles for supervisory activities.

33. At the level of the three prefectures where UNFPA would concentrate its intervention, the assistance would aim to improve the quality, efficiency and accessibility of MCH/FP services and assist in the creation of secondary family planning posts in order to help reach the goal of a 28 per cent contraceptive prevalence rate. The issue of drop-outs would be addressed by improving coordination with grass-roots workers to follow up on acceptors more closely. In addition, UNFPA would assist in: (a) training district managers in organizational management and programme monitoring; (b) providing training and refresher courses for all categories of health care personnel in family planning clinical, counselling and communication skills; (c) promoting operational research on the reasons for discontinuing the use of contraception and on negative rumours about contraception; (d) providing a wider range of contraceptive methods; and (e) supplying medical and audio-visual equipment and the data processing equipment needed for improving logistics and management information systems.

34. The programme would emphasize improving women's reproductive health through the Safe Motherhood approach. Health staff would be sensitized to this concept and would be trained in counselling on the advantages of family planning for improving women's health and in ways of enhancing accessibility to these services. Since UNFPA stresses freedom of choice of contraceptives, health personnel would be trained to promote a wider range of contraceptives. In an effort to promote self-reliance, consideration would be given to the implementation of cost-recovery schemes. The possibility of setting up community-based distribution and social-marketing systems would be studied in collaboration with USAID and health committees set up by the Ministry of Health.

35. UNFPA would also support the Education Unit of the Ministry of Health to ensure the integration of family planning into public health messages, including HIV/AIDS prevention, designed for the public and into the training manuals for health personnel. This would be done in collaboration with WHO, UNDP and UNICEF, which have already provided support to the national health education programme.

36. An amount of \$3 million would be provided for activities in the area of MCH/FP, of which \$700,000 would be sought from other sources, including multi-bilateral sources.

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Information, education and communication

37. At the national level, UNFPA assistance would contribute to setting up a National Technical Committee on population IEC with ONAPO as the secretariat. Its mandate would be to coordinate activities such as the development and implementation of a national IEC strategy, the harmonization of messages for specific target groups and the sensitization of political, administrative and religious leaders and the population at large on the principles and objectives of the population policy. This multi-disciplinary committee would be composed of representatives from governmental and non-governmental agencies involved in the implementation of population policies. UNFPA assistance would cover the commissioning of sociocultural and anthropological studies designed to help in developing messages and educational materials and in conducting an inventory of available materials and messages and of short-term expertise.

38. The second major component of UNFPA support in the informal IEC sector would be to assist the Ministry of Agriculture in expanding the integration of population education into agricultural extension services. This approach, which has been tried successfully on a pilot basis in one prefecture, would be extended to the whole country. Agricultural extension workers would be trained in the use of these materials and in interpersonal communication skills in order to complement volunteer grass-roots communicators. Sensitization seminars would be organized for the cadres of the Ministry of Agriculture. In addition, didactic materials would be produced and studies conducted to monitor attitudinal changes of the targeted communities.

39. In the three prefectures covered by the programme, UNFPA would continue to support ONAPO's family planning IEC programme, which involves grass-roots communicators using interpersonal communication techniques. UNFPA would collaborate with USAID and the World Bank in reinforcing the management of the programme itself in order to improve the efficiency of the communicators. UNFPA would also support the activities of the National Population Week organized jointly by ONAPO, the Ministry of Youth, and NGOs.

40. In the formal educational sector, UNFPA would collaborate in the current curriculum revision in the context of an overall reform of the primary school system. UNFPA would help to integrate population and family life education concepts into both school curricula and those of the teachers' training institutes. Assistance would cover the cost of technical expertise for development of curricula and didactic materials, testing of materials and training of trainers for the new curricula. UNDP, currently participating in the educational reform, would support the printing costs of manuals.

41. It is estimated that an overall amount of \$1.8 million would be required for the IEC sector, of which \$800,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

42. In 1990, the Government established the National Census Bureau as a permanent structure within the Ministry of Planning. Its mandate includes conducting socio-demographic studies and disseminating data. UNFPA would continue its assistance to the new bureau in strengthening its technical capability to conduct in-depth analysis of the 1991 population census results and in developing a strategy to rationalize the country's system of data collection and analysis. This would be done through short-term technical assistance, training, organization of a national seminar for data users, and dissemination of data through workshops and meetings. Data analysis would be undertaken in collaboration with the University of Montréal in the context of multi-bilateral Canadian assistance.

43. As recommended by the PRSD mission, the proposed programme would also support a migration survey to help the Government in acquiring better knowledge of population distribution for use in spatial planning and regional development.

44. A total amount of \$500,000 would be required for data collection and analysis activities, of which \$300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

45. To assist the Government in implementing the national population policy, UNFPA proposes to: (a) help key ministries to refine their respective action plans and develop operational programmes for sustainable development; (b) help in integrating the policy into regional and national development plans; and (c) assist in strengthening the capability of the ONAPO and the Ministry of Planning to undertake, in 1995, an assessment of progress in meeting the objectives.

46. An amount of \$600,000 would be required for the area of population policy formulation, of which \$300,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

47. UNFPA would assist in integrating the population dimension into the national strategy and action plans for the advancement of women as well as in promoting women's reproductive health as an integral part of that strategy. The strategy is to be formulated by the newly-established Ministry for Family and Women's Affairs. This would be done in collaboration with other donors and sectoral ministries.

48. An amount of \$700,000 would be needed for women, population and development activities, of which \$300,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

49. A special programme would be developed for youth by introducing population and family life education into the curriculum of vocational training centres. Currently, 17 such centres receive support from UNDP for training of trainers, selection of programmes, and provision of technical assistance and equipment. An amount of \$200,000 would be provided for these programmes, of which \$100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of \$200,000 would be set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

51. The Ministry of Planning is responsible for coordinating external assistance to Rwanda. The responsibility for coordinating population programmes lies with ONAPO, which also oversees the implementation of the population policy. No institutionalized structure has been set up for coordination of population programmes except in the MCH/FP sector where a council has been set up. It is made up of representatives of the public and private sectors and NGOs, including religious groups. On the external

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assistance side, UNFPA, GTZ and USAID meet on a monthly basis to share information on their respective programmes as a means of avoiding duplication.

52. The PRSD mission proposed three mechanisms to coordinate the population programme: a National Population Commission under the Prime Minister; a National Technical Committee on population issues under ONAPO; and, at the external assistance level, a committee on population issues chaired by UNFPA.

Programme monitoring and management

53. The programme would be monitored by the UNFPA local office, comprised of the Country Director, the National Programme Officer, and administrative support staff, under the general guidance of the UNFPA Representative. It would be implemented in accordance with UNFPA's established guidelines and procedures. All projects developed under the proposed programme would have built-in monitoring and evaluation elements. A mid-term review would be organized jointly by the Government and UNFPA to assess the impact of the programme and to make recommendations for its final phase. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Addis Ababa, Ethiopia.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of \$7 million over the five-year period 1993-1997, of which \$4.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of \$2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources \$	Other resources \$	Total \$
Maternal and child health and family planning	2,300,000	700,000	3,000,000
Information, education and communication	1,000,000	800,000	1,800,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	300,000	300,000	600,000
Women, population and development	400,000	300,000	700,000
Special programmes	100,000	100,000	200,000
Programme reserve	<u>200,000</u>	<u>--</u>	<u>200,000</u>
TOTAL	4,500,000	2,500,000	7,000,000

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V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Rwanda in the amount of \$7 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of \$4.5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of \$2.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Rwanda and with the executing agencies.
